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<u> </u>			Application Number	09/695,194		
TRANSMITTAL FORM			Filing Date	October 24, 2000		
FURIVI		First Named Inventor	Jubb			
(to be used for all correspondence after initial filing)		Group Art Unit	1755			
			Examiner Name	K. Group		
Total Number of Pages in this Submission			Attorney Docket Number	M8540/248465 ===		
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Fee Transmittal Form		ssignment Papers	After Allowance - 2 CE IVE Communication to Group			
Fee Attached		(for an Application)	Communication to Group	<u>.</u>		
		Prawing(s)	Appeal Communication to	,		
Amendment/Kesponse		censing-related Papers	Board of Appeals and Interferences			
Affidavits/declara	ation(s)		etition Routing Slip PTO/SB/69)	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
			d Accompanying Petition	Proprietary Information		
· · · · · · · · · · · · · · · · · · ·			etition to Convert a ovisional Application	Status Letter		
Request for Reconsideration		Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Small Entity Statement		Additional Enclosure(s) (Please identify below Return Receipt Postcard Check in the amount of \$920 Declaration of Leonard E. Olds		
Information Disclosure Statement						
Certified Copy of Priority Document(s)			equest for Refund			
Response to Missing Pa	arts/	Rem	narks			
Response to Mis Parts under 37 CFR 1.52	or 1.53					
·····	SIGNATUR	RE OF A	APPLICANT, ATTORNEY, OR		\exists	
Firm <i>Or</i> Individual Name	Bruce D. Gray, Reg. No. 35,799 Kilpatrick Stockton LLP			0		
Signature M						
Date November 21, 2002			2			
Certificate of Mailing I hereby certify that this correspondence is being forwarded by the U.S. Postal Service in an envelope as first-class mail addressed to U.S. Patent and Trademark Office, Washington, DC-20231-on this date: November 21, 2002.						
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete if Known		
Application Number	09/695,194	
Filing Date	October 24, 2000	
First Named Inventor	Jubb	
Examiner Name	K. Group	
Group / Art Unit	1755	
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Order Deposit Account: Deposit Account 11-0855 Number						
Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name Deposit Account Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filling fee The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all tha	Large Entity Small Entity					
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Number Deposit Account Kilpatrick Stockton LLP Name The Commissioner is authorized to: (check all that apply) □ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. BASIC FILING FEE Large Entity Small Entity Small Entity 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. 1053 130 1812 2,520 For filing a request for reexamination Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month to the above-identified deposit account. 1252 100 1253 110 1254 110 1254 110 1255 1254 1255 1255 1255 1256 1257 1257 1257 1258 1259 1259 1254 1,440 1254 1,440 1255 1254 1,440 1255 1255 1256 1257 1257 1258 1259 1259 1259 1250 1250 1250 1251 1251 1251 1251 1251 1252 1253 1254 1254 1254 1255 1255 1255 1256 1257 1258 1259 1259 1259 1259 1250 1250 1250 1251						
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1401 320 2401 160 Notice of Appeal						
1 1402 320 2402 160 Filing a brief in support of an appeal						
1403 280 2403 140 Request for oral hearing						
1003 510 2003 255 Plant filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding proceeding						
1005 160 2005 80 Provisional filling fee 1452 110 2452 55 Petition to revive – unavoidable	\neg					
1453 1,280 2453 640 Petition to revive – unintentional						
SUBTOTAL (1) (\$) 0 1453 1,280 2453 640 Petition to revive - uninteritional 1501 1,280 2501 640 Utility issue fee (or reissue)						
2. EXTRA CLAIM FEES 1502 460 2502 230 Design issue fee						
Extra Fee from Fee 1503 620 2503 310 Plant issue fee						
Claims below Paid 1460 130 Petitions to the Commissioner						
1807 50 1807 50 Processing fee under 37 CFR 1.17 (q)	\neg					
Independent Claims -3 ** = 0 X = 0 1806 180 Submission of Information Disclosure						
Multiple X = 0 Recording each patent assignment Dependent 8021 40 8021 40 per property (times number of properties)						
Fee Fee Fee Fee Description 1809 740 2809 370 Filing a submission after final rejection (37 CFR § 1.129(a))						
1202 18 2202 9 Claims in excess of 20 1810 740 2810 370 For each additional invention to be						
1201 84 2201 42 Independent claims in excess of 3 examined (37 CFR § 1.129(b))						
1203 280 2203 140 Multiple dependent claim, if not paid 1801 740 2801 370 Request for Continued Examination (RCE)						
1204 84 2204 42 ** Reissue independent claims over 1802 900 1802 900 Request for expedited examination	\dashv					
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over original patent Other fee (specify)						
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**or number previously paid, if greater; For Reissues, see above						

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Bruce D. Gray	Registration No. Attorney/Agent)	35,799	Telephone	404.815.6218
Signature	11/			Date	November 21, 2002

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